MINUTES

SUBSTANCE ABUSE SERVICES COUNCIL JANUARY 25, 2006 POCAHONTAS CORRECTION UNIT CHESTERFIELD COUNTY, VIRGINIA

PATTY GILBERTSON CHAIR

MEMBERS PRESENT:

Angela Coleman, Virginia Alcohol Safety Action Program

Jennifer Johnson, Virginia Association of Alcohol and Drug Abuse Counselors

Chuck Walsh, Virginia Association of Community Services Boards (VACSB)

Jim May, Ph.D., VACSB (11:45 a.m. arrival)

Freddie Simons, Prevention Task Force, VACSB (11:30 a.m. arrival)

Will Williams, Substance Abuse Council, VACSB

Patty Gilbertson, Virginia Drug Court Association

Ryant Washington, Virginia Sheriff's Association

Inge Tracy, Department of Corrections

Rudi Schuster, Department of Criminal Justice Services (12:10 p.m. departure)

Jim Ashton, Department of Education

Kim Barnes, Department of Health (representing Janice Hicks)

Catherine Hancock, Department of Medical Assistance Services

Ken Batten, Department of Mental Health, Mental Retardation and Substance Abuse Services

David Mosley, Department of Motor Vehicles

Anthony Conyers, Department of Social Services

John Gibney, Jr., Consumer/Advocate

Ivan Tolbert, Governor's Office for Substance Abuse Prevention

GUEST:

Mark Blackwell, SAARA

STAFF:

Mellie Randall, DMHMRSAS Lynette Bowser, DMHMRSAS Marc Goldberg, DMHMRSAS

I. GREETINGS AND INTRODUCTIONS:

The chairperson welcomed everyone to the meeting, and members introduced themselves.

II. REVIEW AND APPROVAL OF NOVEMBER 16, 2005 MINUTES

Members were asked to review the minutes of the November 16 meeting. A motion was made and seconded to approve the minutes of the last meeting. The motion was carried. Sheriff Ryant Washington abstained.

III. OLD BUSINESS

A. ANNUAL REPORT AND INTERAGENCY PLAN

The chairperson stated that thanks to the hard work of a number of folks on the Council for preparing the annual report and submitting it to meet the deadline. She annualced that staff had emailed the hyperlink to the annual report to members, and that the document will be posted on the Council's website.

B. EXECUTIVE DIRECTIVE 8 (2005): "CURBING METHAMPHETAMINE MANUFACTURE AND USE"

Council members were provided with a copy of Executive Directive #8 which was a directive issued by Governor Warner, last fall, directing some state agencies to put together plans to curtail methamphetamine use and manufacture in the state. Ms. Randall stated that subsequent to this directive, there have been some executive orders about the management of over-the-counter medications, which are major ingredients in the manufacture of methamphetamines. There is a lot of legislation this year addressing the management of those over-the-counter medications that are used in the manufacture of methamphetamines.

DMHMRSAS has been directed to develop a plan for the treatment of methamphetamine addiction. The Virginia Summer Institute for Addictions Studies, sponsored by DMHMRSAS, held annually, is including sessions on evidence-based practices for methamphetamine users.

Ms. Randall stated that she would keep the Council informed on this issue.

C. 2005 SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT (SAPT) APPLICATION

Ms. Randall stated that one of the functions of the Council is to be aware of the grant funds coming into the state for substance abuse. The SAPT Block Grant is a major share of the funding that supports community based treatment, and it supports a little more than half of the community-based treatment in Virginia. It also supports a substantial amount of the community-based prevention services. All states get these funds and

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Virginia gets about \$42 million annually which it is distributed to the CSBs, largely based on population. However, this year, Congress cut the appropriation to the block grant by 1 percent, resulting in a reduction of about \$414,000 for Virginia. This will not result in a huge impact to any one board. However, since the General Fund allocation has not increased, it contributes to the overall reduction in support to community-based services.

The application is signed by the Secretary of Health and Human Resources, and is due to the Federal government by October 1. A draft is generally ready by the end of August and is sent to the CSBs for public review and comment. The application is over 200 pages long, and Ms. Randall stated that she could provide the Council with a summary of the application.

Ms. Randall stated that, because it is part of the mission of the Council to be aware of and coordinate funding for substance abuse treatment and prevention services in the state, she asked that members from other agencies inform Council about substance abuse funding their agency is applying for, either through the state budget process or through federal sources.

D. SAMHSA TREATMENT CAPACITY EXPANSION: PROJECT REMOTE

Ms. Randall stated that the Office of Substance Abuse Services of DMHMRSAS had become aware of a very severe problem with the abuse of prescription drugs in the far southwestern part of the state. The Office of the Chief Medical Examiner had done some epidemiological work that demonstrated that the death rate from abuse of prescription drugs was skyrocketing in that part of the state. Specifically, there had been a serious problem with the abuse of OxyContin, which is a narcotic based painkiller that is very effective for people who have chronic pain because it is a time-released drug. It can be easily abused by disrupting the timerelease component. Several physicians in that area have been prosecuted for prescribing this drug inappropriately, so some physicians changed their prescribing practices, substituting methadone as an analgesic for these chronic pain patients. However, the patients were not aware of how different the mechanism for this drug is from OxyContin, so they were overdosing and dying from methadone. As a result, DMHMRSAS worked with two of the CSBs from that area and applied to SAMHSA for grant to look at a new pharmacological treatment, Buprenorphine, for narcotic abuse which is very effective for people who have not been addicted very long. SAMHSA, however, decided to target these funds nationally towards communities that were struggling with methamphetamine abuse, so DMHMRSAS didn't receive the funds. DMHMRSAS is beginning to

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look for other resources to address this problem. Mr. Batten stated that abuse of prescription medications is a growing problem in other areas of states, particularly among youth, which will have to be addressed in some fashion.

E. OTHER OLD BUSINESS

Mr. Batten informed the Council that the Governor signed the methadone regulations in December and the moratorium for the establishment of methadone clinics has been lifted. There were only two applications for a new clinic: one in Winchester and the other in Scott County.

IV. NEW BUSINESS

A. 2006 Session of the General Assembly

Agency members had been asked, prior to the meeting, to bring copies of relevant legislation. In addition, staff had scanned the bills under consideration at the time of the meeting to identify items for discussion.

- Mr. Batten provided Council with a copy of the outline of what the Governor included in his budget for DMHMRSAS. The total new community funds for DMHMRSAS is approximately \$2,600,000. The handout also showed how the funds would be distributed with respect to mental health, mental retardation and substance abuse services.
- Mr. Batten stated that he does not have any information on the initiative that the Council recommended with respect to enhancing Medicaid coverage for substance abuse. The prescription drug abuse initiative was not included in the Governor's budget, but there has been some discussion about introducing a budget amendment to address the prescription drug abuse problem in southwest Virginia.
- Mr. Batten further stated that there is not that much this session that as a direct impact on substance abuse. In terms of legislation, we are following SB179 (Human Rights Act; prohibition of discrimination in employment based on certain criminal convictions), HB173 (to amend and reenact §54.1-2969 relating to notification to parent of certain health services to minors), SJR 106 (Directing the Joint Commission on Health Care to study the impact of barrier crimes laws on social service and health care employers, prospective employees, consumers, residents, patients, and clients), and SB611 (Therapeutic Incarceration Program).

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- Ms. Randall informed that Council that the General Assembly has approved all Council appointments made by the Governor.
- Ms. Randall asked about SB 211 to pilot crisis intervention teams among law enforcement officers. The bill ask for training for patrol duty law enforcement officers on how handle and properly divert individuals who have mental illness, substance abuse or both problems. Mr. Schuster stated that there was no appropriation to support the activity, so it would result in an unfunded mandate.
- Mr. Conyers asked if there had been any attempt, across secretariats, to quantify the financial impact on the state by insufficiently funding substance abuse treatment/prevention services. The Chairperson stated that the Council's annual report of 2005 addressed this issue.

Mr. Batten stated that it is part of the Council's mission to look at the various funds that are being spent on substance abuse services either directly or indirectly and provide guidance about how use of these funds could have the most impact, eliminating duplication, etc. Council members also discussed ways to promote substance abuse issues to those making decisions about the state's budget, etc. Discussion focused on the challenge of having the data and getting ahead of the power curve in advocacy for substance abuse treatment/prevention, and the role of advocacy in promoting the issue of prevention and treatment and reducing the stigma that is associated with substance abuse.

Mr. Batten stated that SB 611 addresses "barrier crimes" legislation (barriers to employment in specific human service fields, including substance abuse treatment and prevention, due to criminal convictions), which prevents persons with these convictions from obtaining employment, specifically in substance abuse treatment. Since this law has been enacted, there has been recognition that they are too broad and they are not conducive to assisting people who have demonstrated that they are rehabilitated and now are in recovery. There has been a continual attempt to amend this legislation. SB 179, SB 602, and SJR 106 are a few pieces of legislation introduced to amend the law.

After some discussion regarding SJR 106, a motion was made by Freddie Simons and seconded by Jim May that the Council officially support SJR 106. The Council chair will draft a letter to the patron of the bill indicating the Council's support and provide a copy to the General Assembly and Council. The motion was carried. It was also

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suggested that the Council have a representative present at the hearing on SJR 106.

 Council Chairperson, Patty Gilbertson gave the Council an update on drug courts legislation and funding initiative.

The Chairperson also encouraged members to visit the General Assembly's legislative website to get an update on legislation or contact Council staff if members have questions about legislation.

B. APPOINTMENT OF COMMITTEE TO REVIEW BYLAWS

The Chairperson appointed Scott Reiner and John Gibney to a committee to review the Council bylaws to look at the Council's committee structure and make recommendations to help the Council work more efficiently. Staff will e-mail Council members recommended amendments from the committee and will act on these recommendations at the next meeting.

C. OTHER NEW BUSINESS

Jennifer Johnson stated that at a previous Council meeting she had raised the issue of insurance companies denying substance abuse benefits to their clients. Due to these policies, those individuals who have the ability to self-pay do, and those who don't are reverting to the public system and overloading that system. Meanwhile, they are fully employed, have insurance that they cannot access.

After numerous attempts to contact some of the these agencies and with limited success, she was able to get in touch with one company's medical director who suggested that she make a formal request for information about the insurance company's rationale for decisions about what treatment is covered or not covered. Ms. Johnson wanted to keep Council aware of what she is doing and to ask Council members to send her questions that they wanted included in her request.

The Chair stated that she would like the next meeting to be focused on developing a work plan for the Council for the remainder of the year. A suggestion was made that the Council chair request a meeting with the Governor to find out what is important to him and to include that in the Council's long-range planning.

Mr. Schuster stated that he felt that that the Governor should be informed that the legislative appointees to the Council are not

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participating, and raised the question of how does the Council should engage them to become involved.

 The Council also discussed how to best address the issue of stigma associated with substance abuse.

NEXT MEETING:

The next meeting will be held on March 29, 2006 in at Sheriff Washington's office in Palmyra, near Charlottesville. Ms. Randall will send directions, etc.

ADJOURNMENT:

At 2:15 p.m. a motion was made, seconded and carried to adjourn the meeting.

Respectfully submitted,

Lynette T. Bowser